

SUPPLEMENTAL QUESTIONNAIRE

Public Safety Dispatcher II

NAME: _____ Social Security Number: _____

You must complete and submit this application supplement in order to participate in this recruitment. Based on your responses your job related training and experience will be evaluated using a pre-determined formula.
NOTE: Resumes, letters, and other materials will not be evaluated or considered as responses to the items in the supplement.

INSTRUCTIONS: In the boxes to the right of each item, mark an "X" in the box that corresponds with your experience.

	0 –1 years experience	1 – 2 years experience	2 – 3 years experience	4+ years experience
Experience monitoring public safety radio frequencies where emergencies involving the coordinated efforts of several agencies are occurring.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience managing emergency situations and assisting in directing appropriate course of action by operating radio and 9-1-1 telephone equipment to dispatch safety equipment and personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience coordinating efforts between Local, State, and Federal agencies for both law and fire incidents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience performing several tasks at once and assigning reasonable priorities to incoming calls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience working in stressful conditions and exercising good judgment in emergency situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience reading maps quickly and accurately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience operating a variety of communications equipment, including the basic and enhanced equipment associated with the 911 public safety answering point (PSAP).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience providing emergency medical instructions over the phone per approved protocols.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Familiarity with the terminology of police, fire, or other public safety agencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience compiling data and preparing reports of reported emergencies, equipment and/or status of emergencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I certify that all the statements made in this application supplement are true, complete, and correct to the best of my knowledge and are made in good faith. I understand that any misrepresentation and/or falsification of my answers may make me ineligible to continue in this recruitment. My signature authorizes Placer County to make any appropriate investigations to verify information.

Signature of Applicant: _____ **Date:** _____